## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/09/2015 FORMAPPROVED OMS NO 0938-0391

CENTERS FOR MEDICARE, & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDERISUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN COMPLETED 445502 B. WING 11/02/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. ZIP CODE 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **Corrective Actions for Targeted Residents** K 021 NFPA 101 LIFE SAFETY CODE STANDARD K 021 SS=D On 11/04/15, the maintenance director Any door in an exit passageway, stairway repaired the cross corridor fire doors located enclosure, horizontal exit, smoke barrier or near the ADON office and near the Central hazardous area enclosure is held open only by Supply to properly latch at the bottom of the devices arranged to automatically close all such door per cited requirement. On 11-20-15, doors by zone or throughout the facility upon Columbia Fire Company Inspected Fire doors, repaired, and are working properly. activation of: Identification of Other Residents with a) the required manual fire alarm system; Potential to be Affected b) local smoke detectors designed to detect On 11/05/15, the facility maintenance director inspected all fire doors for compliance. smoke passing through the opening or a required Findings found all remaining doors to be in smoke detection system; and compliance. c) the automatic sprinkler system, if installed. **Systematic Changes** 19.2.2.2.6, 7.2.1.8.2 Measures to assure compliance include a monthly audit by the Maintenance Director of fire doors to assure correct and proper operation and compliance. Monitoring This STANDARD is not met as evidenced by: Results of these audits will be reported monthly Based on observations the facility falled to by the Maintenance Director to the Quality maintain the cross corridor fire doors. Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance The findings included: Director will follow up on recommendations from the QAPI Committee to assure Observation on 11/02/15 at 10:01 AM, revealed compliance. The Quality Assurance the cross corridor fire doors did not properly latch Performance Improvement (QAPI) Committee (bottom) within the frame in the following consists of the Executive Director, Medical locations: near ADON office and near Central Director, Director of Nursing, Asst. Director of Supply. National Fire Protection Association Nursing, Dietary Manager, Housekeeping (NFPA) 80, 15-1.2 (1999 Edition) Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business This finding was verified by the director of Office Manager, Human Resources Manager, maintenance and acknowledged by the Maintenance Director and Rehab Manager and administrator during the exit conference on 12/02/15 MDS Coordinator. 11/02/15.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

EXECUTIVE DIRECTOR 11-23-15

Any deficiency statement ending with an averisk (•) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsciele

Event ID:689Y21

Facily ID: TN7509

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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		& MEDICAID SERVICES		OMB N	10 0938-039		
(-062 c	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPUERICUA IDENTIFICATION NUMBER:	1 S S		DATE SURVEY COMPLETED		
		445502	B.WNG		11/02/2015		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY. STATE, ZIP CODE			
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC				202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE		
K 062 SS=D	Required automation continuously maints condition and are in	FETY CODE STANDARD sprinkler systems are along the specific specif	K 062	Corrective Actions for Targeted Residents  On 11/3/15, TN/KY Sprinkler and the Maintenance Supervisor repaired the cite sprinklers in the ADON Office and the Doctor Office to have greater than six (6) foot spack on center.  Identification of Other Residents with Potential to be Affected	ed -'s		
*		not met as evidenced by: ons the facility failed to er system.		On 11/3/15, the facility maintenance direct inspected all sprinkler heads to assu compliance. Findings found all remaining sprinkler heads to be in compliance.	re		
	These findings inclu	ided:		Systematic Changes			
	Observation on 11/02/15 at 9:58AM, revealed sprinklers with less than six (6) foot spacing (on center) in the following locations: a. ADON room (29 inches on center between sprinklers) b. Doctors Office (37 inches on center between			Measures to assure compliance include monthly audit by the Maintenance Director all sprinkler heads to assure correct placement and compliance.	of		
				Monitoring	ļ		
I	sprinklers) NFPA 13, 5-6.3.4 (19) This finding was ver mainenance and ac	999 Edition) ified by the director of		Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up or recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medic Director, Director of Nursing, Asst. Director Nursing, Dietary Manager, Housekeepin Supervisor, Medical Records Coordinato Social Services Director, Activities Director Business Office Manager, Human Resource Manager, Maintenance Director and Rehalmanger and MDS Coordinator.	ne dd dor ne e e e e e e e e e e e e e e e e e e		

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CHIVIE	3 POR WEDICARE	& MEDICAID SERVICES	,			MIS MO	0938-03	
		(X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN			SURVEY PLETED		
		445502	B. WNG	ì			11/02/2015	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC				20	2 ENON SPRINGS ROAD EAST			
STATISTICAL OF A CHARLES OF WOLLD COOK I LEG				Sh	SMYRNA, TN 37167			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETIO DATE	
- TEHE-COME I					Corrective Actions for Targeted Res	dents		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance		K 147	7	On 11/2/15, the facility maintenance repaired the cited electrical outlet in by bed A.	director the wall		
	With NFPA 70, Nat	ional Electrical Code. 9.1.2			Identification of Other Residents	with		
		s not met as evidenced by:			Potential to be Affected			
	Based on observa Maintain the elect	tions the facility failed to rical system.			On 11/2/15 the facility maintenance inspected all electrical outlets to	assure		
	The findings include	led:			compliance. Findings found all re electrical outlets to be in compliance.	maining		
		11/02/15 at 11:26 AM, revealed obeen in the wall by bed A exposing		- [	Systematic Changes			
	electrical connectors.	NFPA 70, 110-12 (1999 Edition)			Measures to assure compliance in monthly audit of all electrical outlets Maintenance Director to assure compl	by the		
	and	e administrator during the exit			Monitoring			
	conference	daminioualor during the exit			5000			
	on 11/02/15.	,			Results of these audits will be r			
			8		monthly by the Maintenance Director			
					Quality Assurance Performance Impro			
			5 2 6		(QAPI) Committee for Review			
					Recommendations. The Executive			
					and Maintenance Director will follow			
					recommendations from the QAPI Cor			
					to assure compliance. The Quality As			
					Performance Improvement (QAPI) Cor			
					consists of the Executive Director,			
					Director, Director of Nursing, Asst. Dir	ector of		
1					Nursing, Dietary Manager, House	keeping		
				1	Supervisor, Medical Records Coor	dinator,		
					Social Services Director, Activitles L	irector,		
					Business Office Manager, Human Re	sources		
					Manager, Maintenance Director and	Rehab		
				l	Manager and MDS Coordinator.	1	12/02/15	